



**TENNESSEE STATE BOARD OF ACCOUNTANCY**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
500 JAMES ROBERTSON PARKWAY, 2<sup>ND</sup> FLOOR  
NASHVILLE, TN 37243-1141  
(615) 741-2550 OR 1-888-453-6150 FAX : (615) 532-8800  
[www.state.tn.us/commerce/boards/tnsba](http://www.state.tn.us/commerce/boards/tnsba)

**CPA AND/OR CPA FIRM CHANGE OF ADDRESS FORM**

If you failed to notify the Board of your address change within the required 30 days, please include the \$25.00 late fee. It is the licensee's responsibility to provide proof (confirmation by the Board staff or certified return receipt) of notification within 30 days. Address changes will NOT be processed until any applicable late fees are paid.

NAME \_\_\_\_\_

CPA LICENSE # \_\_\_\_\_ FIRM LICENSE # \_\_\_\_\_

When did your address change? \_\_\_\_\_

**Complete Each Blank - - - DO NOT USE "SAME"**

CPA HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CPA MAILING ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CPA PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FIRM NAME \_\_\_\_\_

FIRM PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FIRM MAILING ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE